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that we have a life to live as well as a living to make, and may her sacrifice be our inspiration to prepare ourselves to render a new type of national service at home that will furnish a high type of nursing service for all people, according to their need, rather than their income.

Public Health Nursing has become one of the strongest forces for Americanization, reaching into the homes and teaching foreign mothers how to interpret sanitary codes and to obey quarantine laws; how to select and use American foodstuffs with regard to nutritive value; how to raise the babies according to American customs and the demands of American climate. It represents the field of work that is reaching some of the "90 per cent of the sick outside institutions" with nursing care in their homes. It is extending to the masses prenatal, tuberculosis, school, industrial, communicable disease and general community nursing; and, in so doing, represents the most important single factor in our national effort to check the slaughter of innocents by the kaiser of ignorance. It represents the instrument by which democracy's latest vision, namely, "equal opportunity for health," is being practically applied and by which the light of modern science and the warmth of human sympathy are being spread into every corner of the world. Because the public health nurse has made possible the universal democratic application of public health work, Dr. William H. Welch says: "America has made two great contributions to the cause of public health: the Panama Canal and the public health nurse."

OPPORTUNITIES AND PROBLEMS OF PRIVATE DUTY NURSING¹

BY MARY MARTIN BROWN

Cincinnati, Ohio

A private duty nurse who is really interested in her work and gives the best of herself to it combines the best of the public health, the social service and, if we use a little imagination, the institutional nurse.

Say, for instance, that a nurse is called away out into the country on a serious case, in many instances miles from the attending physician. This has happened to us all. What must we do, or rather what do we do? First, we must make our patient as comfortable as circumstances permit. Then, what is very much more difficult, we must in a most tactful manner begin to educate the family in all branches

¹ Read at a meeting of the Ohio State Association of Graduate Nurses.

of hygiene. The usual country family knows absolutely nothing about hygiene in any of its forms. When winter comes they think that all windows must be sealed, no fresh air admitted, and no baths taken. As one patient said to me, "Why, Mollie don't take no baths from the first of October to the first of May, her clothes is done sewed on her." We must be as wise as the serpent in our efforts. If we are, it will not be long before we can open the windows without objection, and we will notice that the wash tub is brought into service on Saturday night, anyway.

If one family in a small community begins to improve in these respects, it will not be long before others are told what the nurse said should be done, and in a very little time, the whole neighborhood will have improved in many ways. If you go back to such a community and notice improvements, do say something about it, for we all like praise.

The little wedge started by the first nurse opens the way for a larger one and the next nurse will have little trouble in making still greater changes that tend toward the improvement of conditions.

Country folks are not the only ones that need instruction in hygiene. We may go into the best of city houses and find the same lack, and it is much more difficult to have people of this class see the error of their way. A public health nurse who is clothed with authority has, in many ways, a much easier time than the private duty nurse, for the people with whom she comes in contact are open to suggestions and our patients are not always in such a receptive frame of mind.

Many people, and some in the profession, look down upon the private duty nurse and rate her as only a wage earner. We are wage earners and proud of it. I for one hope that I will be able always to earn my own bread and butter.

Who has a better opportunity for good than a private duty nurse? Who comes into closer contact with people? Whose privilege is it to be with the family in the great joy of a new arrival and to whom else does the privilege come of comforting the heart-broken mother when a little one is taken from her? I have been a private duty nurse for twenty years and would not exchange my work, my experiences, or my friends with any one.

Until lately we as a group have been pushed aside as if we were of little consequence, but I do not think such will be the case in the future. Those who attended the convention of the American Nurses' Association in Cleveland will remember the private duty programme and the round tables. We want the same thing at the state meetings and in the district meetings.

In Cincinnati, the private duty section of the district association holds regular monthly meetings at the Woman's City Club, at which time, over a cup of tea, we discuss all the problems that are confronting us daily. We are also given one of the regular monthly meetings of the district association as our meeting, at which we must arrange the programme for the afternoon. This year we had the very great pleasure of having a talk by Miss Ott, chairman of the Private Duty Section of the American Nurses' Association.

Of the problems we have to meet, I will take up first that of the attendant, as this seems the most serious one at the present time. Unless she is sent out by an accredited registry, she charges what she pleases. During the recent epidemic in Cincinnati the attendants charged five dollars a day and I have learned that they did the same thing in other places. I think something should be done about this, but what should be done, is the question.

Then comes the question of the graduate who overcharges. It seems to me there is nothing so likely to undermine the standards of the profession as an act of this sort. The public must be protected. We have, after long years of hard labor, educated the public until it is willing to pay what the different registries and associations have determined to be a fair salary, so let us not pull down all this good work.

Another problem with which each association has to deal, is the lack of interest that the private duty nurse, as a rule, takes in all nursing activities. We must be active in all things that are of interest to nurses or we will become stale, and that would never do. The association belongs to us; we should go not alone for what we gain from it, but for what we can give to it.

The opportunities of private duty nursing are so many and so varied that it is very hard to choose from the many that lie at our door all the time.

In many instances we must be nurse, doctor, father, mother, brother, or sister to our patient; in fact, we have to be able to fill any one of these positions at a minute's notice. What makes us feel happier than to have the patient say, "Thank you, you have made me so very comfortable!"

I think a private duty nurse has greater opportunities of making friends and friends that stick than anyone I know. Never let the opportunity of making a friend, no matter of how humble a station in life, pass by.

What would the doctors do without us? I am afraid, however, that they are sadly spoiled, as we take so many burdens from them.

When a graduating class is ready to leave the hospital after three

years of hard, confining work, I do not doubt but the thought that is uppermost in their minds is how much they can earn as private duty nurses. Of course, we all want to earn enough to live and live comfortably; we must live well or we will not be able to carry on our work, but after we have been nursing a little while we see that money is not everything. We must gain the confidence of each patient, we must prove to each physician for whom we nurse that we are the very best nurse he ever had, so when he is asked to recommend a nurse he will say, "Get Miss A if you can, she is a nurse who fits into any place." I would urge each one to do whatever her hand finds to do, whether it is really a nurse's duty or not. In a home where the mother of several children is ill, it does not lower the dignity of the nurse if she helps with the children or sees that proper food is ordered and prepared. Half the battle with a patient is to keep the mind at rest. By taking these small added duties upon yourself, you win the undying gratitude and affection of the whole family. It does not hurt the nurse, when there is only one maid, if the condition of the patient allows, to occasionally relieve this maid and let her have a few hours of recreation. When we go into a home where there is sickness and suffering, the opportunity is given us to make ourselves as helpful as possible and not an added worry, as so many families consider us. A great many people say, "What, a trained nurse! I should say not; if we get a nurse we will have to get another maid to wait on the nurse." This is all wrong. Never ask a maid to do anything for you that you can do for yourself.

MONDAY IN THE HOSPITAL

BY MARY CAMPBELL MACQUEEN

Toronto, Canada

A decided rap, then the door opening, and the night supervisor saying, "It's six o'clock, Miss Blue." "Thanks," sleepily murmurs Miss Blue, and proceeds to dress and get to the dining room at 6.30 to see if all the nurses are at breakfast in time to get something to eat before prayers at five minutes to seven. There were only a few stragglers. The hymn selected was "O God Our Help in Ages Past." The nurses sang very sweetly, it was inspiring, then after repeating the Lord's Prayer they went to the wards.

Miss Faint was reported to be ill; she had strained her back the week before and couldn't get her shoes on, and Miss Weak staid off on account of a sore throat. An operating room nurse was sent to relieve Miss Weak and the other ward had to manage without Miss Faint.